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| APPLICATION NO. | FILING DATE | | CIDCT MANAGE | Ma | | (Date) | |
| | | | FIRST NAME | | 05/23/2006 | ATTERNALY PROPERTY NO | 75¢@NFIRMATION NO. |
| 10/775,727 TITLE OF INVENTION: A | 02/10/2004 PPARATUS AND METHO | DS FOR DETACE | | ard Schurr JNTING DEVIC | 01 FC:1501 Е\$ДФВАЦБА | 2538-000018US | 1400.001651 380.00 OP |
| APPLN. TYPE | SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | \$300 | | \$1700 | 08/07/2006 |
| EXAMINER ART U | | | T CLASS-SUBCLASS | | | | |
| FERGUSON, MICHAEL P | | | 403-325000 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) EGS Electrical Group, LLC Rosemont, Illinois 1. Individual Corporation or other private group entity Government as a check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government as a check in the amount of the fee(s) is enclosed. 1. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. 1. Payment by credit card. Form PTO-2038 is attached. 1. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (D8-0750). | | | | | | | |
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| Typed or printed name | Anthony G. F | ilssnar | | | Pagistration No. | 47 500 | |

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